Approved for use through 07/31/2006. OMB 0651-0031

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TRANS	ICMITTAL		Application Number	10/803,40	65		
TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Filing Date	03/18/200	03/18/2004		
			First Named Inventor	Hiroyuki OGISO Not yet assigned			
			Art Unit				
	-		Examiner Name	Not yet a	Not yet assigned		
Total Number of Pages	s in This Submission		Attorney Docket Number	93198-00	00695 (F009854US00)		
ENCLOSURES (check all that apply)							
Fee Transmittal F	om ·	Drawin	g(s)		Illowance Communication to ology Center (TC)		
Fee Attached		Licensi	sing-related Papers Appeal Communication to B Appeals and Interferences				
Amendment / Rep	bly .	Petition) · · · · · · · · · · · · · · · · · · ·	Appea (Appea	I Communication to TC all Notice, Brief, Reply Brief)		
After Final			n to Convert to a onal Application	Proprie	etary Information		
Affidavits/dec	laration(s)	Power Chang	of Attorney, Revocation e of Correspondence Address	Status	Letter		
Extension of Time	e Request	Termin	al Disclaimer		Enclosure(s) identify below):		
Express Abandonment Request		st for Refund	Pa Tra	Copy of Notice to File Missing Parts; Verification of Translation;			
Information Disclosure Statement			· ·	Substitute Specification; Marked-Up Specification; Executed Oath/Declaration; Return Postcard			
Certified Copy of Document(s)	Priority	Rema	rks				
Response to Miss Incomplete Applic	sing Parts/ cation			*			
Response to Missing Parts under 37 CFR 1.52 or 1.53							
	SIGNA	TURE OF	APPLICANT, ATTORNEY, (OR AGENT	,		
Firm <i>or</i> Individual name	Harness, Dickey &	Attorney Name G. Gregory Schivley/ Bryant E. Wade Reg. No. 27;382/40,344					
Signature		9	hern / Chin	Cin			
Date .	August <u>V</u> , 2004		(V),	0			
	Ç	ERTIFICAT	TE OF TRANSMISSION/MA	ILING			
I hereby certify that the Service with sufficient Alexandria, VA 22313	nt postage as first of	class mail in	simile transmitted to the USPTO an envelope addressed to: (or deposited Commissioner	with the United States Postal for Patents, P.O. Box 1450,		
Typed or printed name	e G. Gregory S	hivley/Bryar	at E. Wade	Express Mail Label No.	EV 533 145 695 US		
Signature		1/11/10	2 Mentes	Date	August 2, 2004		

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PTO/SB/17 (10-03) Approved for use through 07/31/2006. OMB 0651-0032
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FEE	TR	AN	SMI	TT	AL
	for.	FY	200	4	

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

ATENT &

\$1	1030

Complete if Known				
Application Number	10/803,465			
Filing Date	03/18/2004	•		
First Named Inventor	Hiroyuki OGISO			
Examiner Name	Not yet assigned .			
Art Unit	Not yet assigned			
Attorney Docket No.	9319S-000695 (F009854US00)			

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)					
□ Check □ Credit card □ Money □ Other □ None				3. ADDITIONAL FEES					
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order			Large_Entity Small Entity						
Deposit Accou	int:			Fee	Fee	Fee	Fee		
Deposit			٦	Code	(\$)	Code	(\$)	Fee Description	Fee Pald
Account	50-3213	•	١.	1051	130	2051	65	Surcharge - late filing fee or oath	130
Number			J	1052	50	2052	25	Surcharge - late provisional filing fee	
Deposit			٦	1053	130	1053	130	or cover sheet. Non-English specification	130
Account	Epson R & D		1	1812	2.520	1812	2.520	For filing a request for reexamination	130
Name			╛	1804	920*	1804	920*	Requesting publication of SIR prior to	
The Director is authorized to: (check all that apply)				1				Examiner action	
☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application ☐ Charge fee(s) indicated below, except for the filing fee				1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
to the above-ident				1251	110	2251	55	Extension for reply within first month	
	FEE CA	LCULATION		1252	420	2252	210	Extension for reply within second month	
1. BASIC F	LING FEE			1253	950	2253	475	Extension for reply within third month	
Large Entity	Small Entity	Too Doorslatter		1254	1,480	2254	740	Extension for reply within fourth month	
	ee Fee <u>F</u> Code (\$)	<u>Fee Description</u> Fee Pale	1	1255	2,010	2255	1,005	Extension for reply within fifth month	
		Utility filing fee 770		1401	330	2401	165	Notice of Appeal	
1002 340 2	2002 170 [Design filing fee	_	1402	330	2402	165	Filing a brief in support of an appeal	
1003 530 2	2003 265 F	Plant filing fee		1403	290	2403	145	Request for oral hearing	
		Reissue filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160 2	2005 80 F	Provisional filling fee		1452	110.	2452	55 `	Petition to revive - unavoidable	
	SUBTOTAL	(1) (\$) 770		1453	1,330	2453	665	Petition to revive - unintentional	
0 EVED 4 01 4		LITH ITY AND DEIGGIE		1501	1,330	2501	665	Utility issue fee (or reissue)	
2. EXTRA CLA	IM FEES FOR	LUTILITY AND REISSUE Extra Fee from Fee		1502	480	2502	240	Design issue fee	
		Extra Fee from Fee Claims below Paid	l	1503	640	2503	320	Plant issue fee	
Total Claims 12	-20 ** = [0 X 18 = 0		1460 .	130	1460	130	Petitions to the Commissioner	
Independent	-3 =	0 X 86 = 0		1807.	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
Multiple			ᆗ	1806	180	1806	180	Submission of Information Disclosure Stmt	
Dependent 0 Large Entity	Small Entity	X 280 = 0		8021	40	8021	40 ·	Recording each patent assignment per property (times number of properties)	
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description		1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1202 18	2202 9	Claims in excess of 20		1810	770	2810	385	For each additional invention to be	\vdash
1201 86	2201 43	Independent claims in excess of	3					examined (37 CFR § 1.129(b))	
1203 290	2203 145	Multiple dependent claim, if not	aid	1801	770	2801	385	Request for Continued Examination (RCE)	
1204 86	2204 43	** Reissue independent claims of original patent	ver	1802	900	1802	900	Request for expedited examination	\vdash
1205 18	2205 9	** Reissue claims in excess of 2	and					of a design application	
over original patent				Other fo	ee (speci	fv)			
SUBTOTAL (2) (\$) 0					- ("—	-		
(,,				*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (5) 260					
**or number previously paid, if greater, For Reissues, see above			<u> </u>						

SUBMITTED BY Complete (if applicable) G. Gregory Schivley/ Bryant E. Wade Name (Print/Type) Telephone (248) 641-1600 Signature Date

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